BCPharmaCare Newsletter *February 18, 2008 Edition 08-001*

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EXTENSION OF COVERAGE PERIOD FOR CLOPIDOGREL AFTER DRUG ELUTING STENT INSERTIONS

Effective **February 18, 2008**, Pharmaceutical Services Division is increasing the duration of Special Authority (SA) coverage for clopidogrel (Plavix®) from 6 months to 12 months for patients who have undergone Drug Eluting Stent (DES) insertion.

Coverage will continue to be available only through the PharmaCare SA process. Coverage cannot be provided retroactively and is subject to the usual PharmaCare plan rules and any deductible requirements.

A physician may request (by fax or phone) that patient's coverage be extended for a maximum of 12 months if:

there is a 6-month SA approval currently in place (i.e., approvals issued on or after August 18, 2007), or
SA approval ended within the last 3 months (i.e., SA approval that was terminated on or after November 18, 2007).

The clinical evidence supporting the use of clopidogrel for 12 months post-DES insertion is based on limited clinical data, consisting primarily of observational data and expert opinion rather than randomized controlled trial data. For this reason, Cardiac Services BC will be reviewing provincial data to assess the clinical impact of 12-month coverage of clopidogrel for this indication. Results of this assessment are expected to be available in 2010, at which time Pharmaceutical Services Division will review clopidogrel coverage in consultation with Cardiac Services BC.

The full criteria and appropriate Special Authority forms are available on the PharmaCare website at www.health.gov.bc.ca/pharme.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

Ministry of Health

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CORRECT QUANTITIES—INHALED DRUGS

A PharmaCare audit of the unit of measure being used for inhaled drugs revealed errors that required recovery of costs.

Please note that—with the exception of Pulmicort Nebuamp—claims for all the inhaled medications listed below (including diskus, turbuhalers, or MDIs) should be entered in PharmaNet as the number of doses dispensed. Pulmicort Nebuamp 0.5 mg/ml should be entered as the volume in millilitres dispensed.

This information is also included in the Correct Quantities list available on our website at www.health.gov.bc.ca/pharme/pdf/CorrectQuant.pdf.

DIN/PIN	Drug Name	Pack Size	Correct Unit of Measure
2245126	ADVAIR INHALATION AEROSOL 125	120 doses per canister	Number of doses
2245127	ADVAIR INHALATION AEROSOL 250	120 doses per canister	Number of doses
2240836	ADVAIR 250 DISKUS	28 or 60 blisters (doses)	Number of doses
2240837	ADVAIR 500 DISKUS	28 or 60 blisters (doses)	Number of doses
2247686	ATROVENT HFA INHALATION AEROSOL	200 doses per canister	Number of doses
2163721	COMBIVENT INHALATION AEROSOL	100 and 200 dose canisters	Number of doses
2244292	FLOVENT HFA 125	60 and 120 dose canisters	Number of doses
2244293	FLOVENT HFA 250	60 and 120 dose canisters	Number of doses
1978926	PULMICORT NEBUAMP 0.5 MG/ML	20 (40mls) and 30 (60mls) ampuls*	Volume in millilitres
851752	PULMICORT TURBUHALER 200 MCG/DOSE	200 doses per inhaler	Number of doses
851760	PULMICORT TURBUHALER 400 MCG/DOSE	200 doses per inhaler	Number of doses
2244914	RATIO-SALBUTAMOL HFA	200 doses per canister	Number of doses
2245386	SYMBICORT 200 TURBUHALER	60 or 120 doses per inhaler	Number of doses

* Pulmicort Nebuamp 30 ampul pack may have been discontinued as it does not appear in the latest compendium information for this DIN.

SPECIAL SERVICES FEES

The number of Special Services fees paid by PharmaCare over the past twelve months are:

Jan 2008	2,393	Jul 2007	3,073
Dec 2007	3,623	Jun 2007	3,200
Nov 2007	3,782	May 2007	3,385
Oct 2007	3,747	Apr 2007	2,861
Sep 2007	3,091	Mar 2007	3,135
Aug 2007	3,110	Feb 2007	2,777

LOW COST ALTERNATIVE (LCA) / REFERENCE DRUG PROGRAM (RDP) BOOKLET CHANGES

Effective **March 19, 2008**, the following LCA categories (including both existing and new PharmaCare benefits) will be revised.

Category		New LCA Price	New LCA Status
	AMOXICILLIN CAP 500 MG		
2238172	GEN-AMOXICILLIN		F
406716	NOVAMOXIN		F
2230244	PMS-AMOXICILLIN		F
628123	APO-AMOXI		F
865575	NU-AMOXI	0.3546	P
	LISINOPRIL TAB 5MG		
2217481	APO-LISINOPRIL		P**
2271443	CO-LISINOPRIL		P**
2274833	GEN-LISINOPRIL		P**
2285061	NOVO-LISINOPRIL (Type P)		P**
2285118	NOVO-LISINOPRIL (Type Z)		P**
2292203	PMS-LISINOPRIL		P**
2294230	RAN-LISINOPRIL		P**
2299879	RATIO-LISINOPRIL Z		P**
2256797	RATIO-LISINOPRIL P		P**
2289199	SANDOZ LISINOPRIL		P**
2049333	ZESTRIL		P**
839388	PRINIVIL	0.5592	P
	LISINOPRIL TAB 10MG		
2217503	APO-LISINOPRIL		P**
2271451	CO-LISINOPRIL		P**
2274841	GEN-LISINOPRIL		P**
2285088	NOVO-LISINOPRIL (Type P)		P**
2285126	NOVO-LISINOPRIL (Type Z)		P**
2292211	PMS-LISINOPRIL		P**
2294249	RAN-LISINOPRIL		P**
2299887	RATIO-LISINOPRIL Z		P**
2256800	RATIO-LISINOPRIL P		P**
2289202	SANDOZ LISINOPRIL		P**
2049376	ZESTRIL		P**
839396	PRINIVIL	0.6719	P

F – Fully covered P – Partially covered P** – Drug is a full benefit if RDP Special Authority is in place when the prescription is filled.

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LOW COST ALTERNATIVE (LCA) / REFERENCE DRUG PROGRAM (RDP) BOOKLET CHANGES, continued

Category		New LCA Price	New LCA Status
	LISINOPRIL TAB 20MG		
2217511	APO-LISINOPRIL		P**
2271478	CO-LISINOPRIL		P**
2274868	GEN-LISINOPRIL		P**
2285096	NOVO-LISINOPRIL (Type P)		P**
2285134	NOVO-LISINOPRIL (Type Z)		P**
2292238	PMS-LISINOPRIL		P**
2294257	RAN-LISINOPRIL		P**
2299895	RATIO-LISINOPRIL Z		P**
2256819	RATIO-LISINOPRIL P		P**
2289229	SANDOZ LISINOPRIL		P**
2049384	ZESTRIL		P**
839418	PRINIVIL	0.8074	P

F – Fully covered P – Partially covered P** – Drug is a full benefit if RDP Special Authority is in place when the prescription is filled.

New Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Plans B, C, F, Fair PharmaCare, and, if applicable, Plan G. (For the Plan G formulary, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2295482	CO-RAMIPRIL 1.25 mg capsule		P	
2295490	CO-RAMIPRIL 2.5 mg capsule		P	
2295504	CO-RAMIPRIL 5 mg capsule		P	
2295512	CO-RAMIPRIL 10 mg capsule		P	
2287765	CO-TOPIRAMATE 25 mg tablet		P	
2287773	CO-TOPIRAMATE 100 mg tablet		P	
2287781	CO-TOPIRAMATE 200 mg tablet		P	
2247573	PMS-CLARITHROMYCIN 250 mg tablet		P	
2247574	PMS-CLARITHROMYCIN 500 mg tablet		P	
2245426	PMS-DIGOXIN 0.0625 mg tablet		P	
2278545	PMS-VENLAFAXINE XR 37.5 mg capsule		P	
2278553	PMS-VENLAFAXINE XR 75 mg capsule		P	
2278561	PMS-VENLAFAXINE XR 150 mg capsule		P	
2273969	RATIO-VENLAFAXINE XR 37.5 mg capsule		P	
2273977	RATIO-VENLAFAXINE XR 75 mg capsule		P	
2273985	RATIO-VENLAFAXINE XR 150 mg capsule		P	

P – Partially covered

The following product is now an eligible PharmaCare benefit for Plan P. This product is also eligible under the Limited Coverage Program drug—by Special Authority only—for Plans B, C, F and Fair PharmaCare.

DIN	DRUG NAME	LCA STATUS
2282348	PMS-FLUCONAZOLE 150 mg capsule	P

P – Partially covered

New LCA Categories

The following drugs (including both existing and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **March 19, 2008.**

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15/0.03MG (21)	2295946	PORTIA 21	F	
	2042320	MIN-OVRAL 21	P	0.4814
LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15/0.03MG (28)	2295954	PORTIA 28	F	
	2042339	MIN-OVRAL 28	P	0.3610
METOPROLOL TARTRATE SR TAB 100MG	2285169	APO-METOPROLOL	F	
	658855	LOPRESOR SR	P	0.2097
METOPROLOL TARTRATE SR TAB 200MG	2285177	APO-METOPROLOL	F	
	534560	LOPRESOR SR	P	0.3807
AMOXICILLIN/CLAVULANATE 400MG/57MG/5ML	2288559	APO-AMOXI CLAV	F	0.2043
	2238830	CLAVULIN	P	

P – Partially covered F – Fully covered

New Drugs Categorized to LCA by Exception

The following product has been added to the LCA Program as a partial benefit and is subject to the following LCA Pricing exception:

The PMS Paroxetine 40 mg tablet LCA Price is set at twice the LCA Price for the 20 mg tablet ($2.0600).

The product is an eligible benefit for Plan B, C, F, G, Fair PharmaCare and P.

DIN	DRUG NAME	LCA STATUS	LCA PRICE
2293749	PMS-PAROXETINE (PAROXETINE) 40 mg tablet	P	2.0600

P – Partially covered

BENEFITS

The following new products are now eligible PharmaCare benefits for Plans B, C, F, Fair PharmaCare and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
2285606	ALVESCO (CICLESONIDE) 100 mcg metered dose inhaler for steroid-responsive bronchial asthma in adolescents 12 years of age and older	N	Y
2285614	ALVESCO (CICLESONIDE) 200 mcg metered dose inhaler for steroid-responsive bronchial asthma in adolescents 12 years of age and older	N	Y
2278251	DUOTRAV (TRAVOPROST and TIMOLOL MALEATE) 0.004 % / 0.5 % ophthalmic solution	N	N
2292173	PMS – AMIODARONE 100mg tablet	N	N

The following new products are now eligible benefits for individuals registered with a provincial Cystic Fibrosis Clinic subject to the usual rules of a patient's PharmaCare plan, including any deductible requirement.

DIN / PIN	DRUG NAME
66124603	Hypertonic saline compounded solution
262005	Sodium chloride 14.6 mg/ml injection (to be used in combination with sterile water for injection)
402230	Sodium chloride for injection 23.4% (to be used in combination with sterile water for injection)
2142546	Sterile water for injection (to be used with sodium chloride for injection)

LIMITED COVERAGE PROGRAM

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Plans B, C, F and Fair PharmaCare. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	DRUG NAME	
2216183	NUTROPIN (SOMATROPIN) 5 mg/vial lyophilized powder for injection.	Special Authority coverage is now available for children 20 years of age or younger (rather than children 18 years of age and under). All other Special Authority criteria for this product remain the same. Please note that the change in the age criteria applies to all somatropin products.
2216191	NUTROPIN (SOMATROPIN) 10 mg/vial lyophilized powder for injection	As above.
2229722	NUTROPIN AQ (SOMATROPIN) 10 mg/2 mL vial	As above.
2249002	NUTROPIN AQ PEN (SOMATROPIN) 10 mg/2 mL cartridge	As above.

NON-BENEFITS

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	DRUG NAME
2295377	APO-GLIMEPIRIDE 1 mg tablet
2295385	APO-GLIMEPIRIDE 2 mg tablet
2295393	APO-GLIMEPIRIDE 4 mg tablet
2216183	NUTROPIN (SOMATROPIN) 5 mg/vial lyophilized powder for injection for the treatment of adult growth hormone deficiency
2216191	NUTROPIN (SOMATROPIN) 10 mg/vial lyophilized powder for injection for the treatment of adult growth hormone deficiency
2229722	NUTROPIN AQ (SOMATROPIN) 10 mg/2 mL vial for the treatment of adult growth hormone deficiency
2249002	NUTROPIN AQ PEN (SOMATROPIN) 10 mg/2 mL cartridge for the treatment of adult growth hormone deficiency

SUBMISSION WITHDRAWN

The following drug submission has been withdrawn from the drug review process by the manufacturer.

DIN	DRUG NAME
2279657	ACTONEL PLUS CALCIUM (RISEDRONATE SODIUM AND CALCIUM CARBONATE) 35 mg–500 mg tablet